1 Control number	77777	For Official Use Only ▶				
	55555	OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number A For Paperwork Reduction Act Notice and instructions, see Form W-3SS.				
		5 Statutory Pension 942 Deferred employee plan employee Subtotal compensation Void				
		6 (See Form W-3SS instructions.) 7 Advance EIC payment				
8 Employee's social security	number 9 VI income ta	x withheld 10 Wages, tips, other compensation 11 Social security tax withheld				
12a Employee's name (first,	middle, last)	13 Social security wages 14 Social security tips				
		15 Medicare wages and tips 16 Medicare tax withheld				
		17 Employer's use 18 Benefits included in Box 10				
12b Employee's address and	ZIP code	Copy A—For Social Security Administration				
Form W-2VI U.S. Vi	rgin Islands W	age and Tax Statement 1991 Department of the Treasunternal Revenue Servi				
	Do N	IOT Cut or Separate Forms on This Page				
1 Control number	22222	For Official Use Only ► OMB No. 1545-0008				

1 Control number	22222	For Official Use Only							
	66666	OMB No. 1545-000	8						
2 Employer's name, address, and	ZIP code		3	Employer's	identificatio	n number		erwork Reducti and instructions 7-3SS.	
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
			6	(See Form	W-3SS instru	ctions.)	7 Advanc	e EIC payment	
8 Employee's social security number	oer 9 VI income tax	withheld	10	Wages, tips	, other comp	ensation	11 Social s	ecurity tax with	held
12a Employee's name (first, midd	le, last)		13	Social secu	rity wages		14 Social s	ecurity tips	
			15	Medicare w	ages and tip	s	16 Medica	re tax withheld	
			17	Employer's	use		18 Benefit	s included in Bo	x 10
12b Employee's address and ZIP of	code			Сору	A—For	Social Se	curity Ad	ministratio	n

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1991

Department of the Treasury Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

	DUN	of Cut of Separate Forms	our mis rage	
1 Control number	55555	For Official Use Only ▶		
I		OMB No. 1545-0008		
2 Employer's name, address,	and ZIP code	3 Emplo	yer's identification numb	ver 4 For Paperwork Reduction Act Notice and instructions, see Form W-3SS.
		5 Statu emplo		
				<u> </u>
		6 (See F	Form W-3SS instructions.	7 Advance EIC payment
8 Employee's social security	number 9 VI income tax	withheld 10 Wage	s, tips, other compensation	on 11 Social security tax withheld
12a Employee's name (first,	middle, last)	13 Social	security wages	14 Social security tips
		15 Medic	care wages and tips	16 Medicare tax withheld
		17 Empk	oyer's use	18 Benefits included in Box 10
12b Employee's address and	ZIP code		Copy A—For Socia	Security Administration

	· • · · · · · · · · · · · · · · · · · ·								
1 Control number	55555	OMB No. 1545-0008	3						
2 Employer's name, address, an	d ZIP code		3	Employer's	dentificatio	n number	4 /////////////////////////////////////		
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
			6				7 Advance	EIC payment	
8 Employee's social security nur	mber 9 VI income tax	c withheld	10	Wages, tips,	other comp	ensation	11 Social si	ecurity tax with	neld
12 Employee's name, address, a	and ZIP code		13	Social securi	ity wages		14 Social si	ecurity tips	
			15	Medicare wa	ages and tip	5	16 Medicar	e tax withheld	
			17	Employer's u	ıse		18 Benefits	included in Bo	× 10
				Сору	1—For \	/I Burea	u of Inter	nal Revenue	9
Form W-2VI U.S. Virg	in Islands Wa	age and Tax S	ta	tement	1991		C	epartment of the Internal Rever	ne Treasury nue Service
1 Control number	22222	OMB No. 1545-0008	1						

1 Control number										
	55555	OMB No. 1545-000	8							
2 Employer's name, address, and	IZIP code		3	Employer's	identificatio	n number	4 ///			
			5	Statutory employee	Pension plan	942 employee	Subto	Deferr tal compe		Void
			6			· <u>-</u>	7 Adv	ance EIC pa	yment	
8 Employee's social security num	ber 9 VI income tax	withheld	10	Wages, tips	s, other comp	pensation	11 Soc	al security t	tax withh	eld
12 Employee's name, address, a	nd ZIP code		13	Social secu	rity wages		14 Soc	al security t	tips	
			15	Medicare w	ages and tip	s	16 Med	licare tax wi	ithheld	
			17	Employer's	use	<u> </u>	18 Ben	efits include	ed in Box	10
			_	Сору	/ 1—For	VI Burea	u of In	ternal Re	evenue	

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1991

1 Control number	55555	OMB No. 1545-0008		
2 Employer's name, address, a	nd ZIP code	3 Employ	er's identification number	4
		5 Statuto employ		
		6		7 Advance EIC payment
8 Employee's social security nu	imber 9 VI income ta	withheld 10 Wages,	tips, other compensation	11 Social security tax withheld
12 Employee's name, address,	and ZIP code	13 Social s	ecurity wages	14 Social security tips
		15 Medica	re wages and tips	16 Medicare tax withheld
		17 Employ	er's use	18 Benefits included in Box 10
		C	opy 1—For VI Bure	au of Internal Revenue

1 Control number	OMP No. 1545 O	OOO This information is being furnished to	to the VI Duranu of Internal Devenue
	OMB No. 1545-0	OOO This information is being furnished t	to the VI Bureau of Internal Revenue.
2 Employer's name, address, and ZIP	code	3 Employer's identification number	4
		5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
		6	7 Advance EIC payment
8 Employee's social security number	9 VI income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and Z	P code	13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
		Copy B—To be filed with	employee's VI tax return
Form W-2VI U.S. Virgin I	slands Wage and Tax	Statement 1991	Department of the Treasury Internal Revenue Service
1 Control number	OMB No. 1545-00	OO8 This information is being furnished t	o the VI Bureau of Internal Revenue.
2 Employer's name, address, and ZIP	code	3 Employer's identification number	4

5 Statutory employee 942 employee Pension plan Deferred compensation Void Subtotal \Box 7 Advance EIC payment 8 Employee's social security number 9 VI income tax withheld 11 Social security tax withheld 10 Wages, tips, other compensation 12 Employee's name, address, and ZIP code 13 Social security wages 14 Social security tips 15 Medicare wages and tips 16 Medicare tax withheld 17 Employer's use 18 Benefits included in Box 10 Copy B—To be filed with employee's VI tax return

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1991

1 Control number	OMB No. 1545-0008	This information is being furnished t	to the VI Bureau of Internal Revenue.
2 Employer's name, address, and Z	IP code	3 Employer's Identification number	4
		5 Statutory Pension 942 employee plan employee	
9 Familian de la constitución de	10 V	6	7 Advance EIC payment
8 Employee's social security numbe	9 VI income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and	ZIP code	13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
L		Copy B—To be filed with	employee's VI tax return

1 Control number	OMB No. 1545-0008	This information is being furnished	to the VI Bureau of Internal Revenue		
2 Employer's name, address, and ZIP	code	3 Employer's identification number	4		
		5 Statutory Pension 942 employee plan employee	Deferred e Subtotal compensation Void		
		6	7 Advance EIC payment		
Employee's social security number	9 VI income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld		
12 Employee's name, address, and ZI	P code	13 Social security wages	14 Social security tips		
		15 Medicare wages and tips	16 Medicare tax withheld		
		17 Employer's use	18 Benefits included in Box 10		
		Copy C—For Em	ployee's Records		
orm W-2VI U.S. Virgin I	slands Wage and Tax S	Statement 1991	Department of the Treasur Internal Revenue Service		
Control number	OMB No. 1545-0008	This information is being furnished t	to the VI Bureau of Internal Revenue.		
2 Employer's name, address, and ZIP	code	3 Employer's identification number	4 /////////////////////////////////////		

1 Control number			
	OMB No. 1545-0008	This information is being furnished	to the VI Bureau of Internal Revenue.
2 Employer's name, address, and ZIP code		3 Employer's identification number	4
		5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
		6	7 Advance EIC payment
8 Employee's social security number	9 VI income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
		Copy C—For Em	ployee's Records

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1991

Department of the internal Rever

			v				
1 Control number	OMB No. 1545-0008	This informatio	n is being fu	rnished t	o the VI Bur	eau of Internal	Revenue.
2 Employer's name, address, and ZIP code		3 Employer's id	dentification r	number 942	4 /////////////////////////////////////	Deferred	
		employee		employee	Subtotal	compensation	Void
		6			7 Advance	e EIC payment	
8 Employee's social security number	9 VI income tax withheld	10 Wages, tips, o	other compen	sation	11 Social s	ecurity tax with	neld
12 Employee's name, address, and ZIP code		13 Social securit	y wages		14 Social s	ecurity tips	
		15 Medicare wag	ges and tips		16 Medicar	e tax withheld	
		17 Employer's us	se		18 Benefits	included in Bo	(10
		C	ору С— F	or Emp	oloyee's R	ecords	

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1991 U.S. Virgin Islands income tax return. Please keep Copy C for your records. If your name, social security number, or address is incorrect, please correct Copies B and C and tell your employer.

Box 5.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, the elective deferrals shown in Box 6 (for all employers, and for all such plans to which you belong) are generally limited to \$7,979 (\$9,500 for certain section 403(b) contracts). Amounts over that must be included in income. Caution: The elective deferral dollar limitation of \$7,979 under section 402(g) is subject to change for 1991.

Box 18.—This amount has already been included as wages in Box 10. Do not add this amount to Box 10. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

If you expect to owe self-employment tax of \$500 or more for 1992, you may have to make estimated tax payments. Use Form 1040-ES, Estimated Tax for Individuals.

Credit for Excess Social Security Tax.—If more than one employer paid you wages during 1991 and more than the maximum social security and Medicare employee tax was withheld, you can have the excess refunded by filing Form 843, Claim for Refund and Request for Abatement, with the IRS Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on the Form 1040.)

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1991 U.S. Virgin Islands income tax return. Please keep Copy C for your records. If your name, social security number, or address is incorrect, please correct Copies B and C and tell your employer.

Box 5.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, the elective deferrals shown in Box 6 (for all employers, and for all such plans to which you belong) are generally limited to \$7,979 (\$9,500 for certain section 403(b) contracts). Amounts over that must be included in income. Caution: The elective deferral dollar limitation of \$7,979 under section 402(g) is subject to change for 1991.

Box 18.—This amount has already been included as wages in Box 10. Do not add this amount to Box 10. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

If you expect to owe self-employment tax of \$500 or more for 1992, you may have to make estimated tax payments. Use **Form 1040-ES**, Estimated Tax for Individuals.

Credit for Excess Social Security Tax.—If more than one employer paid you wages during 1991 and more than the maximum social security and Medicare employee tax was withheld, you can have the excess refunded by filing Form 843, Claim for Refund and Request for Abatement, with the IRS Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on the Form 1040.)

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1991 U.S. Virgin Islands income tax return. Please keep Copy C for your records. If your name, social security number, or address is incorrect, please correct Copies B and C and tell your employer.

Box 5.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, the elective deferrals shown in Box 6 (for all employers, and for all such plans to which you belong) are generally limited to \$7,979 (\$9,500 for certain section 403(b) contracts). Amounts over that must be included in income. Caution: The elective deferral dollar limitation of \$7,979 under section 402(g) is subject to change for 1991.

Box 18.—This amount has already been included as wages in Box 10. Do not add this amount to Box 10. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return.

If you expect to owe self-employment tax of \$500 or more for 1992, you may have to make estimated tax payments. Use Form 1040-ES, Estimated Tax for Individuals.

Credit for Excess Social Security Tax.—If more than one employer paid you wages during 1991 and more than the maximum social security and Medicare employee tax was withheld, you can have the excess refunded by filing Form 843, Claim for Refund and Request for Abatement, with the IRS Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on the Form 1040.)

1 Control number	OMB No. 154	5-0008			
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 For Paperwork Reduction Act Notice and Instructions, see Form W-3SS.		
		5 Statutory Pension 942 employee plan employee			
		6 (See Form W-3SS instructions.)	7 Advance EIC payment		
8 Employee's social security number 9 VI income tax withheld		10 Wages, tips, other compensation	11 Social security tax withheld		
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips		
		15 Medicare wages and tips	16 Medicare tax withheld		
		17 Employer's use	18 Benefits included in Box 10		
		Copy D—Fo	or Employer		
orm W-2VI U.S. Virgi	n Islands Wage and T	ax Statement 1991	Department of the Treas Internal Revenue Serv		
1 Control number	OMB No. 154	5-0008			
2 Employer's name, address, and	ZIP code	3 Employer's identification number	4 For Paperwork Reduction Act Notice and instructions, see Form W-3SS.		
		- 0	5 / 1		

1 Control number	OMB No. 1545-000	8	
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 For Paperwork Reduction Act Notice and instructions, see Form W-3SS.
		5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
		6 (See Form W-3SS instructions.)	7 Advance EIC payment
8 Employee's social security number	9 VI income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
		Copy D—Fo	r Employer

Form W-2VI U.S. Virgin Islands Wage and Tax Statement 1991

1 Control number		
1 Control number	OMB No. 1545-00	08
2 Employer's name, address, and ZIP code		3 Employer's identification number A For Paperwork Reduction Act Notice and instructions, see Form W-3SS.
		5 Statutory Pension 942 Deferred employee plan employee Subtotal compensation Void
		6 (See Form W-3SS instructions.) 7 Advance EIC payment
8 Employee's social security number	9 VI income tax withheld	10 Wages, tips, other compensation 11 Social security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages 14 Social security tips
		15 Medicare wages and tips 16 Medicare tax withheld
		17 Employer's use 18 Benefits included in Box 10
		Copy D—For Employer

Instructions for Preparing Form W-2VI

Prepare Form W-2VI for each of your employees to whom **any** of the following items applied during 1991:

- (a) You withheld income tax or social security and Medicare tax; or
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance; or
- (c) You paid any amount for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash; or
- (d) You made any advance EIC (earned income credit) payments.

By January 31, 1992, give Copies B and C to each person who was your employee during 1991. For anyone who stopped working for you before the end of 1991, you may give copies any time after employment ends. If the employee asks for Form W-2VI, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1992. (For more information, please see Form 941SS and Circular SS.) Send Copy 1 to the VI Bureau of Internal Revenue.

See Form W-3SS for more information on how to complete Form W-2VI.

Instructions for Preparing Form W-2VI

Prepare Form W-2VI for each of your employees to whom **any** of the following items applied during 1991:

- (a) You withheld income tax or social security and Medicare tax; or
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance; or
- (c) You paid any amount for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash; or
- (d) You made any advance EIC (earned income credit) payments.

By January 31, 1992, give Copies B and C to each person who was your employee during 1991. For anyone who stopped working for you before the end of 1991, you may give copies any time after employment ends. If the employee asks for Form W-2VI, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1992. (For more information, please see Form 941SS and Circular SS.) Send Copy 1 to the VI Bureau of Internal Revenue.

See Form W-3SS for more information on how to complete Form W-2VI.

Instructions for Preparing Form W-2VI

Prepare Form W-2VI for each of your employees to whom **any** of the following items applied during 1991:

- (a) You withheld income tax or social security and Medicare tax; or
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance; or
- (c) You paid any amount for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash; or
- (d) You made any advance EIC (earned income credit) payments.

By January 31, 1992, give Copies B and C to each person who was your employee during 1991. For anyone who stopped working for you before the end of 1991, you may give copies any time after employment ends. If the employee asks for Form W-2VI, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1992. (For more information, please see Form 941SS and Circular SS.) Send Copy 1 to the VI Bureau of Internal Revenue.

See Form W-3SS for more information on how to complete Form W-2VI.